NOTIFICATION OF PRIVACY PRACTICES AND FINANCIAL POLICY

Complete and sign the following

This shall serve as notice that a copy of our "Notice of Privacy Practices" and a copy of our Financial Policy are on display in the waiting room. You may request a copy of these documents from the front desk personnel.

Patient/Guardian Signature Date

I agree to have the Surgery Center staff acknowledge my presence here at the Center and my general condition to family and friends who inquire about me either in person or by telephone.

☐ I agree ☐ I disagree

I acknowledge that a responsible adult must remain at the Surgery Center until I am discharged.

☐ I agree

I give permission to allow the Surgery Center to give or receive information regarding my post-operative care to the following people:

Phone	Person/Relationship	May Leave a Message
		☐Yes ☐No
		☐Yes ☐No
		☐Yes ☐No

NOTE: If there is anyone that you wish for us to withhold information, please list below:

☐ I have no one that you will need to refrain from withholding my information.

Person	Person

Patient/Guardian Signature Date

KARING HEARTS CARDIOLOGY HEART AND VASCULAR CENTER

Authorization for the Use or Disclosure of Protected Health Information

HIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PH) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that is related to your past, present, or future physical, mental health or condition and related to health services. A copy of our Notice of Privacy Practices and a copy of our Financial Policy are on display in the waiting room.

Uses and Disclosure of Protected Health Information. Your Protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physicians practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any other related services.

Payment: Your protected health information may be used, as needed, to obtain payment for your health care services.

Health care Operation: We may use or disclose, as needed, your protected health information to support the business activities of your physicians' practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conduction or arranging for other business activities with vendors. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may communicate with you by email or standard SMS messaging regarding various aspects of medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. You understand that email and standard SMS messaging are not confidential methods of communication and may be insecure. You further understand that, because of this, there is a risk that email and standard SMS messaging regarding medical care might be intercepted and read by a third party.

Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object: Your PHI may be used and disclosed in the following instances: Facility Directories; Webpages; Marketing; Family or other individuals or groups involved in your care; Emergencies; Psychotherapy notes; You may revoke authorization any instance at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object: These situations include (Public Health issues as Required By Law); Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates; Required Uses and Disclosures. Under the law we must make the disclosure and when required by the Secretary of the Department of Health and Human Services investigate or determine our compliances with the requirements of Section 164.500.

Your Rights: Following is a statement of your rights with respect to your protected health information.

- You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information may not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Health care Professional.

• You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
• You have the right to inspect and copy your protected health information: Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; Information compiled in reasonable anticipation or, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that inhibits access to protected health information. (A signed Request of Information form must be signed by patient and/or caretaker/guardian on record.)
• You have the right to have your physician amend your protected health information.
• You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
• You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e., electronically

Karing Hearts Cardiology Heart and Vascular Center Responsibilities: Karing Hearts Cardiology Heart and Vascular Center is required to:
• As required by law, maintain the privacy of your protected health information
• Provide you with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
• Notify you of any breach of your protected health information
• Abide by the terms of this notice
• Notify you if we are unable to agree to a requested restriction

Changes to the Terms of this Notice: We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the new notice via the web and/or the lobby. You may request a copy of our notice at any time.

Complaints: If you believe your privacy rights have been violated, you may file a written complaint to the Secretary of Health and Human Services or to Karing Hearts Cardiology Heart and Vascular Center's Privacy Officer. Karing Hearts Cardiology Heart and Vascular Center will not retaliate against you for filing a complaint. If you have any objections to this form, please ask to speak with our Privacy Officer. For more information contact 701 N State of Franklin Suite 9 Johnson City, TN 37604 or call 423 850 0776.

Advance Directives: In the State of Tennessee, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to make decisions or unable to communicate decisions. Karing Hearts Cardiology Heart and Vascular Center respects and upholds those rights.

Signature of Patient: _____ Date:_____

Assignment of Benefits

I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, private insurance, or any other health plans to Karing Hearts Cardiology Heart and Vascular Center. I hereby authorize said assignee to release all information necessary to secure payment. I understand my physician maintains a financial interest in Karing Hearts Cardiology Heart and Vascular Center.

I understand that I am financially responsible for all charges not paid by insurance.

A photocopy of this assignment is to be considered as valid as the original. This assignment will remain in effect until revoked by me in writing.

Signature of Patient: _____ Date: _____

Karing Hearts Cardiology Heart and Vascular Center
701 N State of Franklin, Suite 9
Johnson City, TN 37604

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and assist in the control of noise, eating and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition, or any other patient health matters.

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- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

Grievance Policy
The Center strives to provide high quality of care and achieve patient satisfaction. Patient grievances/complaints provide a means to measure achievement of this goal and to identify a need for performance improvement.
Grievance/Complaint: Grievances are defined as care that the ASC provided or allegedly failed to provide.

Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301).

All complaints received by the Center personnel shall be forwarded to the clinical manager or their designee immediately. The Clinical Manager will respond to the grievance within 48 hours of receiving it. For a full copy of the grievance procedure, please ask any Center personnel.

To report a complaint or grievance you can contact the Clinical Manager by phone at 423 928 4468.
or by mail at:
Karing Hearts Cardiology Heart and Vascular Center
701 N State of Franklin, Suite 9
Johnson City, TN 37604

Complaints and grievances may also be filed through:
TENNESSEE Department of Health
425 5th Ave. North, Cordell Hull Bldg., 3rd Floor
Nashville, TN 37243
615-741-3111

State Medical Board of TENNESSEE
Office of Investigations
665 Mainstream Drive, 2nd Floor, Suite 201
Nashville, TN 37243

Office of the Medicare Beneficiary Ombudsman
Online: http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

Visit the web site listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.

Accreditation Commission for Healthcare (ACHC)
139 Weston Oaks Ct, Cary, NC 27513
(919) 785-1214

ADVANCE DIRECTIVE NOTIFICATION

It is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

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- If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP
Karing Hearts Cardiology Heart and Vascular Center is a Limited Liability Corporation (LLC), which is owned by: Dr. Jeffrey Schoondyke, Dr. Erasme Coly and Dr. Tariq Haddadin.

Karing Hearts Cardiology Heart and Vascular Center
701 N State of Franklin, Suite 9
Johnson City, TN 37604
ASC HOURS: 7am-6pm
Wednesdays 8am – 6pm
Thursdays 8am-6pm

Other times by appointment only

District Attorney
www.tndagc.org
115 E Jackson Blvd, Jonesborough, TN 37659 (423) 753-5020

By signing this document, I acknowledge that I have read and understand its contents. I have been provided with a paper copy.

_____
Patient/Representative Signature

_____
Date